300    · .	THE DIVISION OF HEALTH OF MISSOURI								O	
HILED MAR	10	STANDA	RD CERTIF	ICATE OF D	EATH	Sta	te File No	1224	O	
BIRTH NO.	1 6 1953	REG. DIST. N	. 318	PRIMARY REG. DIS	т. <b>"1</b> <u>.00</u>	3	istrar's No.	215	?	
1. PLACE OF DEA	TH			2. USUAL RES a. STATE	IDENCE (V Missour		lived. If its		oo bed	
b. CITY (II octatide co OR TOWN St.	rporate limits, write Ri	URAL and give township)	c. LENGTH OF STAY (In this place) 50 yrs.		St. Lou		and give town	whip)		
A FULL NAME OF	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR					A S (J.S. plve location)	2/	<del>///</del> _		
INSTITUTION	INSTITUTION 57/04 Murdoch					rdoch		0		
	a. (First)	. b.	(Middle)	c. (Lest)		4. DATE OF	(Month)		(esr)	
(Type or Print)  5. SEX / 6. Female  10a. USUAL OCCUPATIOn done during most of working At Home	Lina COLOR OR RACE	7. MARRIED, NE	VED MADDIED	Roth		DEATH 9. AGE (In y	Feb.	23 195		
Female	White	widowed bi	VORCED (Bredly)	June 20,1	- /1	last birthday	y) Mosths	Days Hours		
10a. USUAL OCCUPATIO done during most of working At Home	ON (Give kind of working life, even if retired)	10b. KIND OF E	DUSTRY	11. BIRTHPLACE Hanover,	City and State German		entry)	12. CITIZENO COUNTRY? USA	F WH	
13a. FATHER'S NAME		136. M	THER'S MAIDEN			E OF HUSBA	ND OR WIF	E		
? Marsh			Unknow			l Rothe				
I5. WAS DECEASED EVE	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no. or unknown) (If yes, give war or dates of service) NO.					TURE OR	NAME Murdo	ADDR ch	ES <b>S</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	18. CAUSE OF DEATH  Enter only one cause per   1. DISEASE OR CONDITION  Enter only one cause per   1. DISEASE OR CONDITION  ('and broad Homographe or ('and broad Homographe o							INTERVAL BE ONSET AND 5 day	DEATH	
*This does not mean										
the mode of dying, such as heart failure, asthenia, etc. It means the dis-	as heart failure, asthenia, rise to the above cause (a) stating								<del></del>	
case, injury, or complica-		DUE TO (c)						.[		
tion which caused death.	II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  Chronic Arteriosclerosis						l year	r		
19a. DATE OF OPERA-	19a, DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION						•	20. AUTOPS	Y1	
no								YES .	<u>no</u> ₹	
21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2 h	1b. PLACE OF INJU ome, farm, factory, st	RY (s.g., in or about rest, office bidg., etc.)	21c. (CITY, TOWN, C	OR TOWNSHIP	) ((	COUNTY)	(STATE)	E)	
21d. TIME (Month) OF INJURY	(Day) (Year) (E	Iour) 21a. INJI WHILE AT WORK	JRY OCCURRED NOT WHILE AT WORK	21f. HOW DID INJU	RY OCCUR?			331	Υ	
22. I hereby certify to alive on Fab				1, 1953, to F 9:00 Pm., from					cease	
23a. SIGNATURE	Mall	en KC	(Decres or title)	236. ADDRESS 3608 S.				2 24	IGNEL 57	
24a. BURIAL, CREMA- TION, REMOVAL (Bookly) Removal	246. DATE Feb. 26.1	1	Me of CEMETER Trinity C	Y OR CREMATORY	-	Tion (City, to Louis (			tate)	
DATE REC'D BY LOCAL FEB 2 5 1985			A A	25. FUNERAL DIR	ECTOR'S SI	CNATURE	At	DRESS		
1 1000	(Licensed Embelmer's Systement on Reverse Side)									

## STATEMENT BY LICENSED EMBALMER

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Feiture to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.